

Homeless Verification Form

CRITERIA FOR DEFINING HOMELESS	Category 1	Literally Homeless	<p>(1) Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:</p> <ul style="list-style-type: none"> (i) Has a primary nighttime residence that is a public or private place not meant for human habitation; (ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); <u>or</u> (iii) Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution
	Category 2	Imminent Risk of Homelessness	<p>(2) Individual or family who will imminently lose their primary nighttime residence, provided that:</p> <ul style="list-style-type: none"> (i) Residence will be lost within 14 days of the date of application for homeless assistance; (ii) No subsequent residence has been identified; <u>and</u> (iii) The individual or family lacks the resources or support networks needed to obtain other permanent housing
	Category 3	Fleeing/ Attempting to Flee DV	<p>(4) Any individual or family who:</p> <ul style="list-style-type: none"> (i) Is fleeing, or is attempting to flee, domestic violence; (ii) Has no other residence; <u>and</u> (iii) Lacks the resources or support networks to obtain other permanent housing

RECORDKEEPING REQUIREMENTS	Category 1	Literally Homeless	<ul style="list-style-type: none"> • Written observation by the outreach worker; <u>or</u> • Written referral by another housing or service provider; <u>or</u> • Certification by the individual or head of household seeking assistance stating that (s)he was living on the streets or in shelter; • For individuals exiting an institution — one of the forms of evidence above and: <ul style="list-style-type: none"> o discharge paperwork <u>or</u> written/oral referral, <u>or</u> o written record of intake worker's due diligence to obtain above evidence <u>and</u> certification by individual that they exited institution
	Category 2	Imminent Risk of Homelessness	<ul style="list-style-type: none"> • A court order resulting from an eviction action notifying the individual or family that they must leave; <u>or</u> • For individual and families leaving a hotel or motel — evidence that they lack the financial resources to stay; <u>or</u> • A documented and verified oral statement; <u>and</u> • Certification that no subsequent residence has been identified; <u>and</u> • Self-certification or other written documentation that the lack the financial resources and support necessary to obtain permanent housing
	Category 3	Fleeing/ Attempting to Flee DV	<p><i>For victim service providers:</i></p> <ul style="list-style-type: none"> • An oral statement by the individual or head of household seeking assistance which states: they are fleeing; they have no subsequent residence; and they lack resources. Statement must be documented by a self-certification or a certification by the intake worker. <p><i>For non-victim service providers:</i></p> <ul style="list-style-type: none"> o Oral statement by the individual or head of household seeking assistance that they are fleeing. This statement is documented by a self- certification or by the caseworker. Where the safety of the individual or family is not jeopardized, the oral statement must be verified; <u>and</u> o Certification by the individual or head of household that no subsequent residence has been identified; <u>and</u> o Self-certification, or other written documentation, that the individual or family lacks the financial resources and support networks to obtain other permanent housing.

Defining "Chronic Homeless Final Rule"

FINAL DEFINITION OF CHRONICALLY HOMELESS	The Rule goes into effect on January 4, 2016 with compliance date of January 15, 2016	Chronically homeless means:	<p>(1) A "homeless individual with a disability," as defined in the Act, who:</p> <ul style="list-style-type: none"> Lives in a places not meant for human habitation, a safe haven, or in an emergency shelter; and Has been homeless (as described above) continuously for at least 12 months or on at least 4 separate occasions in the last 3 years where the combined occasions must total to 12 months. <ul style="list-style-type: none"> Occasions separated by a break of at least seven nights Stays in institution of fewer than 90 days does not constitute a break. <p>(2) An individual who has been residing in an institutional care facility for fewer than 90 days and met of the criteria in paragraph (1) of this definition, before entering that facility; or</p> <p>(3) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) or (2) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.</p> <p>In order to meet the "Chronically homeless" definition, the individual also must have living as described above <u>continuously for at least 12 months, or on at least four separate occasions in the last 3 years.</u> Each period separating the occasions must include at least <u>seven night</u> of living in a situation other than a place not meant for human habitation, in an emergency shelter, or a safe haven.</p>
	Diagnosis with Disorder, Illness or Disability		<p>Substance use disorder; Serious mental illness; Developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000; Post-traumatic stress disorder; Cognitive impairments resulting from brain injury; Chronic physical illness or disability.</p> <p>Certification of Disability form; <u>or</u> Written verification from the Social Security Administration; <u>or</u> Copies of a disability check (e.g. Social Security Disability Insurance or Veterans Disability Compensation); <u>or</u> Written Referral form confirmed by a Certification of Disability form.</p>